

Mary C. age 28; race, mixed - German, English, Scotch; religion, Presbyterian; education, college; civil condition, married - one child.

Mary C., an exceptionally attractive and talented young woman of 28, became disturbed in December 1935 following the wiping out of her husband's family in an automobile accident. She was brought to the hospital late in April in a severely depressed condition. During her stay in the hospital she was at no time very communicative and the record is far from complete. When presented last October before Dr. Alexander's seminar it was found defective particularly with reference to the factors affecting the early conditioning. Information regarding the phantasy life is also scanty. It has nevertheless been selected because of the important questions it raises.

HEREDITY AND SOCIAL BACKGROUND

She comes of an upper middle class family and has had excellent educational and social advantages. The father, now retired on a pension from a big electrical company, claims German descent but his family has been resident in Virginia for many generations. The mother is proud of her Scotch birth and ancestry. Both parents are now living, the father being 60 and the mother 63 years of age. There is a younger brother of 25, who according to the record is "somewhat retarded." It is to be noted however that this brother is one of the informants and that he has written a long and intelligent letter. Concerning "hereditary taint" the father writes:

"There is nothing in the background of a heritable nature which could be construed in any way as a predisposing factor in her present difficulties. Her inhibitions have been ingrained by a more or less hide-bound, narrow code inculcated by her Scotch ancestry..... There is some instability of temperament in the family but no overt acts out of keeping with normal behavior."

The letter which give his account of his daughter's life history shows a fondness for formidable language, but is well written and intelligent. We infer that he has had a good education. He seems to have held a responsible position and to have had a comfortable income. It also appears that it was he who administered the discipline.

Mary describes her mother as "a short, plump person, who sits around and reads or crochets, a very good cook but not a good house-keeper. She used to write articles and several of them were published. She also played the piano." She is a member of the Presbyterian Church and is quite active in its women's organization. Mary's husband regards his mother-in-law as rather self-centered and with few outside interests.

PERSONAL HISTORY

Early Influences The birth was an instrumental one. The early development is reported as normal. She walked and talked at the usual age and there is no mention of any special difficulties or problems. At the age of ten she developed chorea but recovered and grew rapidly in height and weight. In the early 'teens she had an attack of scarlet fever and then a severe attack of diphtheria, with a question of some heart condition in consequence. Menstruation began at fourteen.

Mary describes herself as a care-free child with lots of life. The only spankings she can remember were for screaming and crying to accompany her mother and grandmother on shopping trips. It was "just bad temper." She liked to climb fences and trees and to play lively games. In the early years she did not care how she looked and resented the attempt to keep her hair within bounds. She played mostly with a brother three years her junior. She continued to play with him until he grew so strong that she could no longer dominate him. She then turned her attention to her dolls.

School Years She entered school at the age of seven. From the beginning she liked her school work and made excellent grades. She was given piano and dancing lessons, but did not take these very seriously.

In high school she was somewhat of a leader. In a school of 6,000 pupils she was editor-in-chief of the school news-paper. She also rated second in a contest for physical perfection. In her senior year she was secretary of her class, a class of 800.

In college she was a general favorite. Her scholastic rating was high and she was regarded as the prettiest girl on the campus. She belonged to the best sorority and was especially popular among the men. A man who knew her at this time describes her as sociable and friendly. A girl on the other hand speaks of her as "seclusive and withdrawn."

At the end of her second year in college she transferred to an art school. Here she graduated with high honors. Following her graduation she taught English Literature in a junior high school. She seems to have been successful as a teacher. In any case she held her position for three years.

Sex Adjustments We have little information regarding her sex life. She admits masturbation in early adolescence. We do not know to what extent. Neither have we any information as to the nature of the masturbation phantasies.

We do know that she was very attractive to men and that she was much sought after. There were no hetero-sexual relationships before marriage.

Two years before her illness she was married to a young school-teacher whom she had known only three months. The husband is a vigorous, intelligent, attractive fellow, who is devoted to her. Their sex relations do not seem to have been satisfactory. She appears to have been frigid and was unable to receive satisfaction in intercourse except as she resorted to masturbation.

There is now a child of twenty months. During pregnancy Mary was in excellent health. Her husband states that during this period she was more serene than he had ever known her to be and she herself states that having the baby was the most wonderful thing in the world. She was most happy and felt that nothing could be so satisfying. Delivery was normal but prolonged. It lasted 32 hours. But following the birth of the baby she seems to have lost interest in it. It is also to be noted that she avoided intercourse and for some months before admission refused it altogether.

The husband has a fairly adequate income. It is however scarcely sufficient to meet her demand for expensive clothing. They are living in a six room house, owned by her parents. She has lived in this house ever since her birth.

She speaks of being proud of her husband. He himself is not so sure. He feels that she looks down upon his profession and thinks it "sissy" for a man to teach school.

Social Adjustments Mary's father says of her that she is proud of her Virginia ancestry and intolerant of those whom she considers social inferiors. In school she sought the companionship of those who were of different financial status and was dissatisfied with her home environment because of the fact that she could not dress as expensively as her companions not entertain so elaborately. He adds that, while not religious to any great degree, she recognized the value of the church and was a member of the Presbyterian Church. He speaks of her poise and good sense and characterizes her as "strictly moral and high-minded."

It seems clear that her religion was one of conventionality and respectability. Altho of high intelligence, she was no rebel, no explorer. She accepted the world as it is and stressed the virtues of harmony and consistency. She belongs to her parents' church and attends it, because this is the proper thing to do. She

did not smoke nor drink and she looked with disfavor upon those who did. Her ideals and standards are apparently determined by her conception of the aristocratic Virginia forebears in whom she takes such pride and of the social circles with which she identifies herself.

It is important to recognize that she has been accustomed to achievement and to recognition. She has been much in the limelight, not merely because of her beauty but because of her intellectual attainments.

She states that aside from an occasional magazine story she reads little fiction. She finds it hard to stay with a book long enough to finish it.

It is to be noted that following her marriage there was no change in her home surroundings. She and her husband lived with her parents. Apparently however she withdrew largely from her former contacts and did not see much of her old friends. Her husband at first interpreted this as due to her interest in him. He thought she would soon seek friends among young women of her own age. This she did not do. Of his family she saw only a little. They lived in another section of the city and she did not feel that they were quite of her own social class. Shortly before the accident which precipitated her disturbance she had been resentful of his contributing to their support.

HOW THE ILLNESS BEGAN

Early in December her husband's father, mother and sister were killed in an automobile accident. Her husband was called to the scene and left without informing her. During his absence reporters called and she learned of the tragedy from them. She was upset and nervous and on her husband's return tried to console him but was unable to do so. On the following day he was obliged to be absent in order to take care of the funeral arrangements. On his return he found her asleep and under the care of a physician. During the day she had called out the window to a neighbor that she was going to faint. The neighbor rushed over and found her chilled and moaning and crying. She had put her to bed and had called a doctor. He had given her sleeping powders.

She slept for sixteen hours. On awaking she felt refreshed but was so weak that she had to remain in bed all day. In the evening she came down stairs for supper but had another fainting spell and had to be put back to bed. There she moaned and cried until they decided to send for the doctor who had attended her in childhood. The doctor thought it might be a return of the heart ailment which she had had in early adolescence. She therefore prescribed digitalis. The next day she was sent to the Women's and Children's Hospital. Here she improved sufficiently to return home in two weeks. She remained home only ten days. She then began to cry and complain of pain in her head and neck. The physician decided that the previous diagnosis had been incorrect and began giving her adrenalin injections. She became worse and was sent back to the hospital and remained there another two weeks.

She again showed some improvement but would talk in a flighty manner and ask silly and irrelevant questions. It was thought that a trip to Florida might help. It was difficult for her to decide whether to go or not. She wrote down arguments for and against the trip and showed the paper to her physician. The physician advised her to go for the sake of her husband and child. The husband packed her things and put her on the train before she had a chance to change her mind. She found it hard to leave the baby, but its crying irritated her so much that she could not take it along.

After her arrival at her parents' home in Florida she was unusually happy, co-operative and appreciative. She went out with friends to parties and dances and showered her parents with affection. This lasted **several weeks**. She then began to complain of insomnia and talked of herself as the victim of a plot. She suspected her physician at home, (a woman of 60) of trying to gain the affections of her hus-

band and of administering to her a stronger drug than adrenalin. Several cutings were arranged for her, among them a number of dances. "These dances," her father continues, "seemed to excite her sexually until her libido became so great that she constantly masturbated and even committed an indiscretion with a boy while out driving. Her reaction to this was self-recrimination with attending remorse. She requested not to be allowed alone with men in the future. She imagined that she was going to die and that she had seen God. She even gave explicit directions as to her burial. She was to be buried in Virginia. These hallucinations continued until the subject returned home. The desire to return to her husband and baby now became her supreme passion. She even laid plans for returning surreptitiously when her parents tried to persuade her to remain longer."

She finally became so unmanageable that her parents sent her back to Chicago. On her return she was much depressed and was placed under a psychiatrist's care. She tried to co-operate but continued to be depressed. She then became suspicious of her husband. She thought he was a member of a gang and was trying to harm her. She thought he was unfaithful to her. She heard voices telling her that she should be a spy for Germany. She thought her bodily actions were under the control of others and accused her physician of giving her drugs in order to excite her sexually. She complained of being tired and stayed in bed a great deal. At no time after her return from Florida was she willing to have sex relations with her husband. It seems that the forbidden affair in Florida was attended by an orgasm, something which had not been true of her relations with her husband.

It should have been stated that following this "indiscretion" she had at once written to her husband in an agony of remorse and that he had replied that he knew she would not have done such a thing if she had been herself.

About a week before admission she became even more apprehensive and fearful. She thought there were spies in front of the house watching her. She was convinced that they were gangsters from the neighborhood where her husband's family had lived. She thought they were in league with her husband and intended to kill her. She got the idea that some of these people were hiding in the attic and became so alarmed over it that her husband took her to a hotel for the night. On awaking in the morning he found her gone. He hunted for her all morning without success. In the afternoon she walked into the doctor's office, saying that she had been shopping, and inquired about the baby. She was much upset and since she refused to return home it was decided to commit her.

At the Psychopathic Hospital the case was classified as "Dementia Praecox, hebephrenic type."

BEHAVIOR IN THE HOSPITAL

On admission to this hospital she was extremely apprehensive and retarded. At the time of arrival she said to the examining physician, "I came here because I had a nervous breakdown. A doctor tried to cure me of my sex repressions. I have some kind of complex."

During the first two months she would not do any work and could not be induced to take part in the occupational therapy class. Most of the day would be spent standing or sitting on the ward with a woe-begone, anxious expression. She was careless of her appearance. When addressed she answered in low tones and very slowly. She was desirous of attention and would follow the physicians around wistfully, but when questioned she was not responsive. Her answers were relevant and the speech coherent, but her attention was greatly narrowed. She was bitter, an terror-stricken over her detention in the hospital and demanded over and over again that she be allowed to return to her husband and her baby. At one time she would not dress or undress herself and had to be force-fed.

Auditory hallucinations were present. She heard voices from the walls telling her not to wash her clothes, not to read or write. They told her that this

was an institution for training spies. She was pre-occupied with ideas of death and with the idea that some terrible doom was impending. She thought something strange was going on and read hidden meanings into trivial incidents. Colors and sounds were symbolic. Yellow meant cowardice, blue truthfulness, red signified blood, black sorrow, purple, death. A girl holding a banana was intended to signify that she was not a good woman. She felt that people were continually talking about her and making fun of her. On one occasion she remarked to her doctor, "There seems to be two persons within me. One says, Be still. The other tells me to talk. It seems that I am influenced by every one in the ward. One pulls this way and another that. I don't know which way to go." On another occasion she remarked that one power was trying to get her to go into the movies and another to go to Russia as a spy.

At the time of her presentation at staff the label "Demantia Praecox, undetermined type" was agreed upon.

A change for the better was noted on July 5. While on the ward that day the Chaplain found Mary talking earnestly with another patient. This patient was a young woman who had just been admitted and ~~was~~ who was weeping copiously. Mary had undertaken to cheer her up. The Chaplain expressed his gratification over the interest she was taking in some one else. He then looked up her physician and with his approval referred the case to one of his theological students for special attention. This student, an intelligent and vigorous young woman became much interested in Mary and Mary responded finely. They had many walks and talks together. By July 16 she was moved to A 1 and by the 23rd to Dix Cottage. On August 25 she was paroled home and three months later discharged as "recovered." The last social worker's report is as follows:

"Worker found the patient and her little girl at home. She appeared to be very bright and cheerful. Her father and mother are now in Florida. Apparently she is able to manage the house very nicely without them, with the assistance of a part-time maid. She inquired ~~of many other~~ about many of the people she had known in the hospital and seemed to have a very friendly attitude. The worker feels that this patient has made a good adjustment."